



SmartPA Criteria Proposal

Drug/Drug Class:	Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Ophthalmic PDL Edit
First Implementation Date:	November 30, 2006
Revised Date:	July 7, 2022
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	⊠Existing Criteria □Revision of Existing Criteria □New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

The ophthalmic NSAID agents are believed to inhibit the cyclooxygenase enzyme that is essential in the biosynthesis of prostaglandins. They reduce ophthalmic inflammation when applied topically in the eye for the treatment of various ophthalmic conditions. These agents are effective for the prophylaxis and treatment of ocular conditions including non-infectious inflammation, inhibition of intraoperative miosis, pain and healing following cataract and refractive surgery, and allergic conjunctivitis. Their safety and efficacy for treatment of ocular inflammatory conditions, especially those that result in postoperative ocular pain, inflammation, and edema have been well documented in clinical studies.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

С	Preferred Agents	Non-Preferred Agents
	Diclofenac Opth	Acular [®]
	Flurbiprofen Opth	Acular LS®
	 Ketorolac Opth 	Acuvail®
		Bromfenac
		BromSite®
		Ilevro®
		Nevanac®
		Prolensa®

Type of Criteria:	☐ Increased risk of ADE☐ Appropriate Indications	☑ Preferred Drug List ☐ Clinical Edit
Data Sources:	☐ Only Administrative Databases	□ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Nonsteroidal Anti-Inflammatory Drugs (NSAID), Ophthalmic
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period of preferred agents OR
 - Documented ADE/ADR to preferred agents

Denial Criteria

Definal Criteria
 Lack of adequate trial on required preferred agents Therapy will be denied if all approval criteria are not met
Required Documentation
Laboratory Results: Progress Notes: Other:
Disposition of Edit
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL
Default Approval Period
1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Ophthalmic NSAIDs Therapeutic Class Review",
 Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)", UMKC-DIC; November 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.